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THE CHIRONIAN.

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IN another place will be found the announcement of the American Obstetrical Society, organized Oct. 28th, and incorporated under the laws of New York. It is the first national obstetrical society in this country. The membership is already quite large, and it is hoped that all interested in this branch of medicine will join the society.

EIGHTY-SIX very sensibly has decided to have a Class supper before the members disband for the holidays. Two years and a half of work together has increased mutual acquaintance so that the occasion will be enjoyable to an extent which the Junior and Middle Classes can not yet appreciate. If the members of these classes are wise, they will both have banquets before the end of the year.

IN another column will be found a request for provers for a new drug. It is to be hoped that there will be sufficient interest in the matter to lead many to volunteer for the work. We not only need our present drugs reproven, but there are many more unknown or only known from clinical experience, which should be added to the group of those well proven. How many, or of what value they may be, can only be known by systematic testing.

AS Christmas time approaches, many of our men whose homes are at a distance from New York are anxious that the vacation be extended a few days longer than the schedule announces. Now, as a general rule, to which there are very few exceptions, we believe that the Faculty should adhere to the arrangement as made and printed. They are supposed to have given the matter their careful attention, and so reached the best conclusion. We do not pretend to dictate in the matter, but we would suggest that as the great mass of the term's work is to be done after the holidays, and without any break or intermission, the lectures may cease on December 19th, which will be Saturday. The members of the Senior Class are practically unanimous in the belief that the three or four days so added to the vacation would be worth more by way of rest than the lectures which might be given. It is very probable that the three days of Christmas week for which lectures are scheduled would not prove very profitable. Some men will go home on the 19th anyway, and that kind of thing always unsettles those who remain. Besides all this there are not a few of our most diligent workers who have yet to write or complete their Theses, and who propose to utilize the vacation for the purpose. The full two weeks which are asked for will not be too much time for the task, if the Faculty expect to receive an unusually profound batch of documents from '86. If the truth were known, no doubt most of the professors would be glad of

the extension. The lower class men are all in favor of it. By all means let us have two whole weeks at the holidays.

CHARITY that emasculates, defrauds and incites to hypocritical dealing, is not the sweet charity spoken of so kindly by St. Paul in his memorable Epistle to the Corinthians, but on the contrary is a counterfeit article conceived in selfishness and continued for gain. Of this sort is much of the highly vaunted medical charity that exists in New York City to-day. A growing appreciation of the enormous abuses that prevail has urged on a movement for reform; but so strongly intrenched is this outrageous and wretchedly inefficient system, so careful are its adversaries to avoid doing anything lest someone should be injured, so scrupulously and punctiliously observant of the rules that govern intermedical and medico-theologico sectarian warfare, that both parties are but adjusting the preliminaries for the fight, and the public is much disposed to sneer at the one while it despises the other. The abuse of medical charity in this city is very great. That which was originally given for the benefit of the really destitute has been misused and perverted. In Philadelphia a recent careful investigation showed that in one year about 2½ per cent. of the population received indoor treatment and nearly 18 per cent., or 170,000 persons, received free dispensary treatment. It is stated, after thorough and searching inquiry, that two-thirds of this free treatment in dispensaries at least was bestowed upon people fully able to pay a regular physician. In New York things are even worse. But the people are not chiefly to blame, but the managers of dispensaries and hospitals who permit and even encourage it. No investigation is attempted generally, but prescriptions are written and medicines given alike to the poor and the rich, the just and the unjust. Thus the ends of charity are defeated, medical pauperism fostered, the independence and self-respect of the poor are undermined, great injustice done to younger members of the profession, professional dignity and honor lessened. Can it be that certain dispensaries are charitable only so far as they furnish patients for colleges that must be supplied with them for its clinics? Can the indifference of the physicians in charge be due to the fact that they find it personally profitable? Can it be possible that certain hospitals, ostensibly founded for the sick poor, and constantly appealing for alms, fit up rooms for rich patients and furnish gratuitous medical attendance? Sectarian zeal and selfish motives actuate too often hospital managers and determine their course. Better by far abolish these dispensaries and hospitals, rotten as they are, than to have this fraudulent charity continue. What is the remedy? It is at hand, simple and satisfactory both to patients and physicians. Let all dispensaries co-operate with the Charity Organization Society. One of the largest dispensaries in the city has tried it, and it has worked well. Cases are investigated, and those who are able to pay are prevented from obtaining gratuitously that which belongs to the poor. It is to be hoped that the good nature which looks complacently on all sorts of wrong, will not permit this evil to go on uninterrupted. Toleration is excellent, but too much toleration of moral evil brings at last insensibility to it. Is there such a very great difference between the man who commits the crime and the man who weakly tolerates it? There is nothing we need more than bold and persistent assertion in every practical way, of our sense of what is fair and honest, just and courteous between man and man. One must be prepared to bear ridicule and have mud thrown by vicious hands. But your adversary who replies and reviles is Cleòn. When he sneers, and with sorry wit raises a laugh at your expense and gains some cheap applause for himself, the crowd admire and gap in awe. But he is Cleòn; not Pericles.

BOSTON MEDICAL LIBRARY ASSN. MAY 19 1904

FRIGHTENED mother to croupy child who wakes her up by coughing in the small hours: "Oh, Alfred, how did you catch such a cold?"

Unexpected answer: "I know how I dot it. I dot it by shiverin'."

THERE are current as many pronunciations of the word cocaine as there are syllables, at least. The authentic pronunciation as given by one who ought to know is co-ca-een.

Pædological Materia Medica.

A SERIES OF LETTERS BY M. DESCHERE, M. D.

II.

MY DEAR FRIEND—Thanks for your prompt reply. I am glad that my suggestion as to the special study of materia medica has pleased you, and your desire for characteristic indications for some other drugs must be gratified. Let us take one which you will be frequently called upon to prescribe : PULSATILLA. I mean the *Pulsatilla nigricans*, the German variety, not the American *Pulsatilla nuttalliana*, which latter one, by the way is too much neglected, as it deserves our attention in many disorders where the first one seems indicated, but disappoints.

The first point that needs our attention in studying a remedy is the mental condition which it produces. Now of *Pulsatilla* you have always been impressed as of a drug strongly indicated in *mild, yielding, extremely gentle dispositions*, easily moved to tears at the slightest provocation.

This is correct *after established puberty*, but the *Pulsatilla-child* is quite another person. It is by no means yielding, but *wants things to yield to its notions*, making it peevish. It is *selfish* to the extreme ; *wants everything for itself ; envies others*, and cries and weeps if it does not get pleased. This it does, however, in a quiet, sorrowful manner ; it *never becomes vehement*, as you find children to be inclined when certain other drugs are indicated.

This change in disposition before and after puberty, which is especially marked in girls, is an expression of the red tape which runs through the whole picture of *Pulsatilla* : "*inconsistency*." The symptoms of this drug are forever changing.

You will find this very marked in *Diarrhœa ; no two stools are alike.* In *Coughs* you find a *dry* cough in the *evening, expectoration* in the *morning*, and the latter varies, sometimes it is yellow, sometimes green.

The same *change* you find in the localities or the *seat of pains*, which may be termed *wandering*, shifting rapidly from part to part. To-day your little patient complains of pain in her side, to-morrow it is gone from there to the thigh, next to the arm, next to the head, etc. One hour she is well, and very miserable the next. Also the *color of the face* changes frequently from *pale to red* and vice versa, but the *pale predominates.*

Corresponding to this characteristic you find strongly marked "*antagonistic*" symptoms : *Fever*, with dry mouth and tongue—but *no thirst.* Violent, strong *palpitation of the heart*—with *suppressed pulse.* Hunger, *eats greedily*—then *vomits.*

Pressure in the stomach after every meal—better by eating again. Frequent urging to urinate or for stool—*without any*, or but little, *evacuation.* But urine will pass involuntarily sitting or walking, during sleep, when coughing or passing wind, etc. The same antagonism is found in the relation of chill and heat. Another characteristic is the *pituitary condition* it produces wherever possible. From the eyes, the nose, the ears, we find *thick mucous discharges*, sometimes purulent, of yellow or green color, or of a mixture of the two. The passages from the bowels are largely mucus. Mucous sediment in urine. Mucous discharges from the genital organs. Throat full of tenacious phlegm ; the expectoration when coughing consists of thick yellow or green mucus ; or mucus is vomited when coughing.

The time and circumstances of *aggravation* are as clear as those of *amelioration.*

The *late portion of the day* about and after *sundown* is the marked time when the evil spirits of *Pulsatilla* display their wrath. This lasts *into the night*, perhaps till sunrise, and is especially characteristic of *the pains and febrile movements ;* while the symptoms of *faintness and exhaustion* come in *the morning.*

The *catarrhal symptoms are better in the open air*, and so is the general feeling. Also the *pains* are better in *cool air ; except those in the abdomen. Pastry, fruits, ices*, are not tolerated, and are a frequent cause for *colic* and *diarrhœa*, as well as *vomiting.* And last, but not least, remember that your Pulsatilla-patient will *feel chilly with most every complaint*, even in a warm room.

Let this be sufficient for a sketch, by which you will always be able to recognize your friend "Pulsatilla" at once, no matter under what disguise she may try to tempt your shrewdness. Some of the above characters *will* stand out clearly.

For finer shades and colors you must open your picture gallery of drug pathogenesis, and if you study that *Pulsatilla* will suggest itself as a useful agent in the following affections :

During *infancy* and *early childhood* it may often be indicated for the *mother* in *insufficient secretion of milk.* Furthermore, you will employ it in *Catarrh* of the *respiratory organs*, the *eyes* and *ears.* Purulent *Ophthalmia* and *Otitis media*, *Otalgia*, *Indigestion*, *Gastritis*, *Entero-colitis Dysentery*, *Enuresis nocturna*, *Measles*, *Intermittent fever*, *Rheumatic affections.*

For girls advancing toward puberty with *Chlorosis*, *Leucorrhœa*, *Melancholy*, *Hysteria*, etc.

It is well to know that *Pulsatilla* is frequently useful after abuse of *Iron* and *Quinine*, and many a case of chronic intermittent fever has rapidly yielded to its action.

I hope to hear from you soon, and that you have had frequent opportunity to witness the virtues of this true polychrest. *Only do not get impatient and discontinue its use too soon; give it time to act. The worst thing for the patient is constant change of remedies.* For such a tendency you had better take a dose of *Pulsatilla* yourself. Your true chum.

Pædology Clinic.

FROM the nature of the patients, the clinical instruction of the chair of Pædology is conducted in a manner different from that of other chairs with the single exception of Obstetrics. In general the diseases treated are of such a character, and the susceptibility of the patients to sudden changes is so great, as to render out-of-door exposure during the winter months imprudent.

The plan in this department is, therefore, to assign a case to two students, who are expected to make a diagnosis, and carry on the treatment with whatever advice may be necessary from Prof. Deschere, or his assistant, Dr. Palmer. The students attending the case are required to keep a careful daily record of the pulse and temperature, together with the general condition of the patient, and the remedies prescribed. The complete report is made at the termination of the treatment, while verbal reports are made daily. By this means the student is brought into actual contact with the patient, and has abundant opportunity from day to day to study the morbid process in all its phases so as to make an intelligent prescription.

The theory of Mr. Wackford Squeers as to the proper method of teaching was not far astray, however perverted it may have been when reduced to practice. His idea was, "when a boy knows a thing out of a book, then he goes and does it." This plan is of especial value in imparting medical instruction, fixing the theory by its application in actual practice. However irksome it may have been to the boy, to put to a practical test his theoretical knowledge of the action of the pulley, by drawing water from the well for Mrs. Squeers' wash-tubs, by this means he learned more of the advantages, as well as the disadvantages, of that mechanical power, than could be impressed on him in any other way. So it is with the student. By means of his practical work he clears away any false impressions of diseased processes that he may have received from a mere study of books, and modifies his ideas of what may be accomplished by medicine, by what he finds he actually does accomplish.

In the the treatment of these cases, the students have the opportunity to examine organs and tissues not effected by disease, and thus becoming familiar with their appearance in health, will more readily recognize any deviation from the normal in disease. Through his intercourse with the child at its home he gains something of that self-possession in the presence of the patient, which is one of the advantages to be gained from post-graduate hospital practice, and in which the young physician whose ideas of practice have been gained by inspection from a lofty seat in the college amphitheatre, finds himself sadly wanting.

Materia Medica.

Bryonia Alba.—A Fragment.

BY M. A. WILSON, M.D., NORTH EAST, PA.

BRYONIA is unique in action, a characteristic of Polychrests.

While it is a tissue irritant, it is not in the sense that many other tissue irritants are, a protoplasmic poison.

It acts upon certain tissues to pervert their function and change their structure by inflaming them.

It does not kill the "physical basis of life," but converts a part of it into a pathological product.

The great control which it exerts over the exudative stage of inflammation causes it to stand alone, and is only approached by certain preparations of Mercury and Iodine.

Its development by homœopathic provings and clinical experience, is one of the greatest contributions to modern therapeutics.

Its action is deep and searching as well as characteristic, and when indicated rarely disappoints.

In a brief clinical paper only a few of its good points can be touched upon.

The following cases will illustrate its action partially:

During the harvest season of each year I am consulted by several robust young men who are suffering from the effects of drinking cold water (sometimes iced) to excess while heated, and from rapid cooling after severe muscular exercise.

They are slightly feverish, have white-coated tongues with red edges, marked tenderness in the pit of the stomach, aggravated by food or *exertion*, and sometimes muscular soreness increased by motion.

Bryonia dilution cures them in a few hours, even cases which have had other treatment without help.

They are usually thirsty but cannot drink.

And right here let me say that I have found that while thirst for large draughts is an indication for Bryonia, the absence of thirst should not deter from giving it if otherwise well indicated; on the other hand, aggravation by motion is an essential condition.

Aggravation by motion should determine, and thirst for long draughts confirm its choice.

Mr. J. P., an apparently robust man, consulted me for vertigo, cutting pain in the bowels, weakness after exertion, and constipation, Cocculus 3^x gave relief, but only while he was taking it.

Several weeks afterwards he told me that he had been kicked in the stomach by a colt, about a year before, and had experienced soreness and sharp pain in that region ever since. Arnica did no real good. Bryonia 2nd dil., relieved a little, and three-drop doses of the 1st dec. dil., three times a day, cured him not only of the result of the kick, but of the vertigo, constipation, and abdominal pain.

If you would reap the fullest results from bryonia, you will have to vary the dose and its repetition according to the disease and the temperament of your patient.

The widest range is permissible.

In pneumonia, when indicated, its action is highly satisfactory, in the 2d dec. dil.

In an exceptional case of a delicate woman the 2d aggravated, while the 6 dil. produced a beautiful cure.

Surgery.

Angiomata and their Treatment.

A FEW EXTRACTS FROM A LECTURE DELIVERED BY PROFESSOR HELMUTH, ON THE DIAGNOSIS AND TREATMENT OF ANGIOMA OR VASCULAR TUMORS.

THE angiomata, or vascular tumors, consist of blood vessels held together by loose connective tissue. They may be divided into three classes—the simple of capillary angiomata, which include all nævi, mother's-mark, or port-wine mark, and are due to enlargement of the venous

capillaries. This variety always appears at birth, but may vary from the size of a small pea to that of a large ball. They are always purple or mahogany color, and increase in size when the child cries, and grow rapidly.

The second variety is known as the venous or cavernous tumor, and is composed almost entirely of veins held together by connective tissue, in which are little cavities filled with blood from the rupture of some of the veins.

The third variety is known as the aneurismal or pulsating tumor, but differs from true aneurism by being composed of a large number of arteries, whereas the true aneurism is a tumor produced by the dilatation of an artery caused by earthy and atheromatous degeneration of the coats of the vessel, or from embolism, external injury, etc. This is the most dangerous variety and the most difficult to treat, owing to the free anastemoses of the vessels. The tumor enlarges owing to the increased heart's action, becomes purple, and pulsation ceases on pressure.

The first variety generally grows very rapidly, and should be removed as soon as possible. If the patient is not in condition for an operation, the best temporary treatment is to paint the naevus with flexible collodium, night and morning. By this means the naevus is prevented from growing, and in many instances is reduced in size by the pressure occasioned by the contraction of the collodium. If the naevus be small and not in a conspicuous place on the body it is often removed by vaccination. The injection of per chloride or the per sulphate of iron into the substance of the naevus is also a good method of treatment, which was originally introduced by Provoz. If the naevus is of large size, the radical cure may be effected by passing two pins at right angles underneath the base of the tumor, then tie a silk thread tightly under the pin and cut off the ends, and apply a small bit of adhesive plaster underneath the ends to prevent the pins from puncturing the flesh. If the naevus is large there are many methods of strangulation (the Professor demonstrated several on the blackboard); but there is a very effective means of strangulation introduced by Erichsen, who was a famous knot-tier. In this operation a round needle should be used with a sharp bayonet point. You then thread the needle with double-braided silk, and after carbolizing and waxing the thread, one thread should be colored black. You then pass the needle underneath the base of the tumor at about two-fifths of its length and leave a loop in the thread; re-introduce the needle again at about one-fifth of its length, and again leave a loop at the upper margin of the tumor; again pass the needle down at about three-fifths of the length of the naevus, and leave another loop at the lower border of the tumor; then pass the needle up again at about four-fifths of the length or at the opposite extremity of the naevus, cut all white threads on one side of the tumor, and black threads on the other, and tie the free ends of the thread tightly, the white on the one side and the black on the other. This effectually strangulates the mass. Another method of eradication, and perhaps the best of all, is by electrolysis, which consists in passing the negative and positive needles into the tumor and applying a galvanic current.

The cavernous or venous angioma can be treated in a similar manner, and may be diagnosed by their doughy feel and the absence of pulsation. Occasionally vein stones are found in these tumors, which are formed by a deposition of hæmoglobin or other crystalline matter. They may be forced into the circulation and cause death by the occlusion of the vessels.

The arterial or pulsating angiomata are the most serious, and according to proper nomenclature should really be called aneurism by anastomosis. They are tumors composed mainly of arterial twigs, are pulsating, often purple in color, readily compressible and having a doughy sensation when handled. The diagnosis is easy; the treatment difficult. Even tying the main vessel leading to the part does not always cure the patient, on account of the readiness with which the collateral circulation is established. These tumors also sometimes receive the name of "Erectile tumors," because of their increase of size at certain times. Some of you may remember the Professor showing at last year's clinic a patient with such a tumor of the lip. The ligation of both facials and the infra-dental caused

but slight diminution in the size of the tumor. Electrolysis and the galvano puncture have been tried by other surgeons, but without avail. If the pulsating tumor lies within the course of a single vessel, sometimes the ligation of the artery may arrest or cure the effection. Professor Helmuth cured an immense erectile tumor of the face by the ligation of the common carotid on the affected side. Some surgeons recommend complete excision, and this may be done when the tumor is situated in a part of the body where the removal of a large amount of tissue would not sensibly be felt.

Surgical Clinics at Ward's Island.

BY PROF. HELMUTH.

THE first visit to the Ward's Island Hospital was made on Wednesday, the eighteenth of November, when Prof. Helmuth performed two operations for the radical cure of Hernia. Before beginning the operation he gave a short but comprehensive lecture on the structures composing the walls of the abdomen, and made a a few remarks on hernia in general.

The first patient was a woman suffering from inguinal hernia, who, being etherized, was placed upon the operating table. The first incision was made over the tumor, through the integument. Then an incision was made through the two layers of superficial fascia, and the vessels ramifying between these structures were ligated. The external and internal oblique, and the transversalis muscles were then divided, making an opening to the peritonium, the utmost care being exercised in all the incisions. The protrusion was then reduced and the prolongation of the peritonium which contained the hernia was drawn forward and held. Two silver wire sutures were introduced through both pillars of the ring for the purpose of drawing them together. Then this prolongation of peritonium was wound tightly with catgut, making a plug, which was inserted in the ring between the two sutures, when a third suture was made through the pillars of the ring, passing directly through the plug. These sutures were then drawn tightly together, and firmly tied, thus closing the ring, the ends of the wires being left below the surface. Iodoform was dusted over the wound, and the external opening was afterward closed by several silver wire sutures, the ends of which turned over on a piece of adhesive p'aster which had been placed at one side of the incision, then the ends of the wire were covered by another piece of adhesive plaster. An antiseptic pad was then made of cotton, sprinkled with iodoform and covered with gauze, which was placed over the wound and held in position by a roller bandage. The pad was placed over the parts to prevent laceration and return of hernia in case any spasmodic muscular contraction ensued.

The second case was a Bubonocele or incomplete inguinal hernia on either side. A Bubonocele is a protrusion of the intestine through the internal abdominal ring and the inguinal canal, and is arrested at the external abdominal ring, which prevents its descent into the scrotum. Prof. Helmuth operated upon these by the Heatonian method, which consists in injecting Quercus Alba into the sac. The finger is passed up from the bottom of the scrotum until it enters the ring. A hypodermic syringe is filled with the fluid, and the needle inserted at the end of the finger; the finger is then withdrawn, when fifteen or twenty minims of the fluid is injected. The object of injecting this astringent fluid is to set up a plastic inflammatory process, which in its progress and termination will close the ring. The professor ordered that the patient be placed in bed and remain for at least two weeks, with compresses applied over the parts.

At the Hahnemann Hospital.

Mrs. B., aged forty, was operated on eight months ago for scirrhus of the breast, which not proving successful in the extermination of the disease, was brought to the above hospital to have a re-amputation of the breast performed by Prof. Helmuth. The patient was etherized, and having been placed on the operating table, the part was then washed with a carbolized solution. The arm was drawn away from the body and held

in that position by an assistant. Prof. Helmuth marking with his eye the part to be removed, made an oval incision through the integument, which embraced the tumor and well into the healthy tissue. The knife was then carried quickly down to the pectoral muscles, and the tumor separated from the muscles, to which it had become firmly adherent, owing to extensive old adhesions. A few spurting arterial twigs were ligated. The wound was then carefully examined, and a secondary development of carcinoma was found, which, with a number of suspicious particles of tissue, were removed. The wound was then thoroughly irrigated with a mixture of Corrosive Sublimate and hot water (1—2000), and a decalcified bone drainage tube inserted. Prof. Helmuth being called away, the House Surgeon, Dr. Fulton, applied the dressing to the wound. He first brought the edges of the wound together as closely as advisable, and held them in that position by three wire sutures with buttons attached, which were inserted into the tissue about one inch from the edges of the approximating surfaces. The edges were then more thoroughly united by whale tendon sutures. The wound was then packed with marine lint, lubricated with vaseline and covered by absorbent cotton and gauze, held in position by adhesive straps. A bandage was then applied over all, and the patient removed, to enjoy the invigorating effects of a good and comfortable bed.

Practice.

Prof. Houghton's Clinic.

THE folling cases were not selected, but reported as they appeared before a class of four students who examined each patient. Clinic held three times a week :

November 16, 1885.

ACUTE CATARRHAL OTITIS MEDIA.

George Krutt, seven years old, has pain in his ear, with peculiar noises ; been painful for one week ; last night pain very much more severe.

GENTLEMEN—The symptoms of pain in the ear point to one of two things, either inflammatory action in the tympanum, or it is a reflex condition. If the pain be due to otitis, there are other symptoms besides the loss of hearing, such as swelling of the membrane, and at a more advanced stage, rupture of it. In otalgia there is pain, and the lesion is in some other part. If the patient has had no previous disease of the tympanum there will be an absence of all signs of inflammatory action. In this boy we have previous symptoms of pain in the history, and, last night, extreme pain. On examining the ear you find a moist canal, epithelium, ceruminous accumulation, and the drumhead itself far from normal ; it is bluish above, whitish below, especially posteriorly where there is a bulging. This lad shrinks from the pain of the manipulation. We should exercise great care in wiping out the canal. You are familiar with the details of that picture to which I have called your attention, (Politzer's Plates) and having that in mind I want you to look at this membrane, and see in what respect it is like it, and in what respect it differs from it. Take the auricle between the first and second finger, draw it upward and backward, place the speculum in position and move it as required by the thumb, until you get the drumhead fully exposed.

The diagnosis is acute catarrhal inflammation of the middle ear ; this case will serve to teach us the importance of recognizing what is meant by ear-ache. The ear-ache may either be due to neuralgia or some reflex irritation. In this case the pain is due to the excessive engorgement of the membrane, which presses the sensitive nerves, and thus causes this suffering. It is a very interesting case. The first question that arises in the mind is as to the etiology. The mother says that he had sore throat for two or three weeks. That extended up the Eustachian tube, and now it is acute inflammation of the mucous membrane of the tympanum. When we come to the study of the causes, of course all the surroundings have to do with it. First, there is the effect of the climate : constant changes, to-day hot, to-morrow cold, the next day between the two, and the result is as we see, the head cold extends up until the typanum is involved.

There is a great deal of ignorance about this matter; children should have proper underclothing, particularly the extremities. Children are allowed to run with their feet and legs unprotected. Those who are catarrhal subjects should wear some form of underclothing summer and winter, so that the perspiration from the body is absorbed, and the frequent and rapid changes in the temperature do not have so marked an effect.

We go further in the discussion of the cause of the disease, and ask what are the prospects for the little boy? The prognosis in these cases is unfavorable, unless they receive prompt and systematic treatment. This case would go on to acute suppuration, with a rupture of the drum-head and a loss of more or less of tissue, with the probability that if not stopped, to a large degree, the drum lining would inflame, modifying the mobility of the whole mechanism; but under treatment the prognosis is favorable, because we shall heal the inflammatory action by local means and internal remedies, and afterwards treat him so that adhesion will not take place. This case is interesting in that it shows the bulging of the membrane, which is in all probability caused by a mixture of mucus and lymph, but if that is not broken down by suppuration, the drum-head will be restored to its plane, and everything be right.

As to the treatment there are two factors; instrumental and medical. The instrumental consists of inflation of the drum cavity, which connects with the opening of the Eustachian tube, and by which the drum-head can be brought into its proper plane. The remedies in these cases are Aconite, Ferrum, Chamomila, Pulsatilla, and at the latest stages Sulphur. The choice in the intermediate stage is probably between Aconite and Ferrum. He has a rapid pulse, high temperature. He might need Ferrum Phosphoricum and afterwards Mercurius. In speaking of the remedies there is another question to discuss, and that is as to the local treatment. We have no hesitation in mitigating the pain of such a patient by such remedies as Belladonna and Plantago. Plantago has a decided effect on the ear as regards pain. We will give the lad a mixture of Plantago with glycerine, and Ferrum Phosphoricum in water every hour, and see him the day after to-morrow.

Chronic Suppurative Otitis.

James Healey; pain sometimes, ear runs; the fact that it is occasional is suggestive that it is chronic disease of some form, which is further evidenced on examination of the canal. The canal is crusty, moist, narrow, and on bringing the region of the drum-head into view it is covered entirely with pus. This case presents an appearance sometimes seen in cases of long standing chronic suppuration, in which the drum-head is not sloughed, but has simply poured through its structures, transuded through its very structures, the results of suppuration in the middle ear.

The disease has existed for a great length of time. He says he cannot remember how long he has had it. That is undoubtedly so. On examination we find the membrane thick and pinkish, with the malleus very red, and so far as we can judge, the drum-head not perforated, regarding that condition I would not speak positively, because it is impossible to tell here whether the membrane is ruptured or not. The left side is in the same condition. The canal presents the same appearance as the other, the drum-head also. To determine the actual condition, the patient must be subjected to Politzer's method of inflation, and that will settle the question of perforation. If the Eustachian tube is not permeable, the treatment must be directed to the condition of the naso pharyngeal tract, and after a time, Politzer's method will be effective. This case follows after the other in a way which illustrates the result of neglected acute otitis, and undoubtedly in the early history of this patient, there was a similar condition to that of the previous case, but not having systematic treatment of the proper sort, it passed on from a catarrhal disease over the border line into a suppurative disease, and has been for a long time past a suppurative disease. What I have said suggests the history of the case. The prognosis is necessarily unfavorable. This patient has undoubtedly escaped some of the serious consequences of chronic suppuration, in that the

tissues are not sloughed to a very large degree. The question is asked as to whether it would be wise to use Politzer's method of inflation. It would be advantageous, because it is a very salutary process, and the cases in which Politzer's method of inflation would be injurious are those in which the membrane is softened in acute inflammation, and is easily torn or ruptured, and even then it would be better that Politzer's method be used, because such a lesion as a slight rent often repairs itself over night; the degree to which the membrane restores itself is something simply wonderful. Other things being equal, it is better that the tympanum be thoroughly inflated, even at the risk of rupture, for rupture repairs itself so rapidly. If there is a danger of rupture of the membrane, it is better to perform paracenticis. Ordinarily once a week inflation should be used; but where a patient is at hand, I would see them and cleanse it every day myself, and use the Politzer, judging of it by the effects produced. What you want to do is to separate the membrane from the posterior walls, and after that, the repair goes on very rapidly. Here is a follicular pharyngitis, the mucous membrane is bright red, engorged and dry. Belladonna is the remedy he should have, which will prepare him for other remedies afterwards.

Eczema of the Auricle.

Kate Duffy. This is a case which we have seen in the College Clinic, and is now rather worse. The diagnosis is, eczema of the auricle. It is very much worse. Burning pain. There is only one thing to do in such a case as this, and that is to stick to the internal remedies, because it is a trouble with the blood, as the people say. Local remedies will mitigate the suffering, and local remedies that will palliate the symptoms are allowable, but no application that suppresses that eruption will answer. Whatever notion people may have about the relation of external to internal things, I am satisfied by actual experience, with children particularly, that an external condition like this, if it be suppressed, is followed by internal lesions, and what the good woman has to do is to be patient, and come out of it in better constitutional condition in every respect, with the probabilities that such things do not recur. The question was asked whether it would not be better for her to go to bed and stay there. It would facilitate matters to do so. There is not much itching, but a burning sensation; does not drink a great deal, but frequently. Strong symptoms of arsenic. We will give her the arsenicum at present, and she will come on Thursday. She will take this medicine every hour to-day, every two hours to-morrow, every three hours on Wednesday, and come to me on Thursday. I base that increase of intervals on the certainty that there will be a relief. Make an application of a little vaseline. The question was asked whether yeast ought not to be used. I have never used yeast, because I do not know that it has any more effect than any other warm application. In such a case as that I do not apply the poultice directly. I put something between the poultice and the tissues.

Anna Nugent. Pain in the ear. In the fall clinics patients are seen suffering the effects of the rigors of New York; in such weather as we have had during the last week, a low degree of temperature, dry air, then moist air, with a change from summer to winter clothing, or rather the neglect of it, soon brings this result.

Gentlemen: It is best to follow a systematic habit of examining the ears, because you learn something of the general condition of the patient. Examine the right ear first, because a method of examining should lead to a method of recording the result. When you always look at the same ear first, you have no difficulty in remembering how one ear looked, when compared with the other. There is nothing peculiar about the appearance of the auricle; the canal is a little red; on examination the canal has moist, soft, waxy secretions, which are probably purulent. There is no acute pain apparently. Had no pain weeks ago. Could not hear very well. Did not discharge before. The cases in which there is a discharge from the ear without pain are rare, and occur in phthisis pulmonalis. In this case there is a history of disease, although the child says there was no

pain at that time, and that now the pain has occurred. Still, there is this to be said, patients do not recognize the antecedent history, and in all probability this patient has had trouble in her previous history, and that was the foundation of this ear trouble, which was so readily built up a month or two months ago, and which show the acute symptoms now.

The manipulation of the instrument causes an increase of the pain. We should expect that, when the ear is tender to the touch, it will be especially tender to the touch of the probe and cotton. I want you to look at this with a strong light, and when you compare it with that picture you will see the difference between the ear and the diagram. The membrane, instead of presenting such a view as we have in the diagram, is thick and reddened in portions of the anterior and posterior walls. There is a large area of thick, dense, white, absolutely opaque tissue. This is the result of previous inflammations. In all probability it is perforated. In this case we have to use Politzer to drive the pus out, and give her a local remedy to relieve the pain, and an internal remedy to reduce the inflammation.

Annie Graham. The trouble began with eruption at the upper portion of the auricle, which is in union with the scalp, and extended down, all about the ear. Same condition on the other side. Notice the mucous membrane of the eyelids; blepharisis ciliares. The first essential thing for this patient is to look after her nutrition, that is indicated by every external symptom. Her mother says that in the morning she takes a cup of coffee, and at dinner time some steak; the only thing she can make her eat is a little piece of steak. What this child needs is milk, bread and good butter, oatmeal and hominy. No tea, no coffee, but milk and Baker's cocoa and grains, hominy more than oatmeal, and leave meat alone for a while. Give her Clapp's Elixir of Beef three times a day in addition to milk and hominy. For this vascular eruption we have used Murdock's beef. Give her a dose of psorinum every night, and we will see her again.

Lottie Brown. Ear has been running since a baby. Great amount of wax in the canal. Canal filled with watery pus, and it is impossible to tell its condition till it is cleansed. Suppuration from childhood. What does that mean? That means loss of tissue in most cases, and necessarily an impairment of the function, when the suppuration ceases. If suppuration does not cease, it suggests sloughing, periostitis, necrosis, caries, meningitis, death. Why these patients are allowed to go on with this history of suppuration is easily explained, because the profession did not do its duty in the past five centuries, and the people have come down with the expectation that nothing can be done for the ear, because nothing is done. If these things were in sight, they would care for them, as they do for ulceration of the cornea; but they are out of sight, hence out of mind. What this child needs is to have that ear cleansed carefully with absorbent cotton till these tissues are exposed to us, and we can determine what the probabilities of the future history are. This case under treatment will get well; of course, with a loss of a certain amount of the function. That is to be expected in the case of such a patient. It is better to be saved from the ulceration than it is to continue the ulceration, and keep a certain degree of hearing. That is one thing people have not been taught, and do not understand, that a moist ear, a running ear, is a better hearing ear than one that has been cured. They do not see the danger. Other things being equal, a catarrhal disease with thickening is less dangerous than is a case where the discharges keep the tissue mobile. People make no distinction, and use syringes indiscriminately, and the mischief comes. No more syringing, and come once a week. I want you to drink milk. Do n't drink tea and coffee. Plenty of bread and butter. A little lean meat. No pastry, no cake, but grains, potatoes; avoid fat and fried food.

From Dr. C. C. Clark, Oswego, N. Y.

* * I HAVE made sufficient experiment of "Colden's Liquid Beef Tonic" to enable me to say it is by far the best of all the preparations of the kind (FOOD and TONIC) that I have ever used. To the sufferer from chronic diseases, or the convalescent, it is invaluable, being both nourishing and strengthening.

Prof. Liebold's Clinic.

December 2d.

CASE I.—Purulent Ophthalmia.—Mr. ——. Fifteen days ago the patient noticed the first symptoms. The left eye was the one involved, and now the sight is lost in that eye.

There has either been an ulcer of the cornea or an inflammation of all the tissues of the eye. Of the tissues of the eye, the conjunctiva, cornea, choroid and iris are most apt to become acutely inflamed. In the sclera the tendency is more towards degeneration, and the tissue becomes so thin that the pigment shows through, giving a slatey color.

There is less pus when it comes merely from an ulceration of the cornea than when all the tissues are involved.

You should inquire carefully into the history of the case, and discover, if possible, the cause. When it is of an especially severe and rapidly progressing type, it is usually of a gonorrhœal character. This patient denies any such history, but patients do not always tell the truth.

The course of this disease is so rapid that within twenty-four hours of the onset the cornea may slough.

Treatment: Put patient to bed, and take every precaution in the way of cleanliness and disinfection, in order to prevent the other eye from being involved, if but one is attacked at first. You may use dry cold, if it seems best, but wet applications are to be avoided.

Argentum nitricum, externally and internally, is the most efficient remedy.

CASE II.—Staphyloma Corneæ.—Miss ——, aged fourteen. When nine years old had measles, and both eyes were effected, the right one but slightly. On the cornea of the left there has been an ulcer, which must have involved a large part of its surface. The sclera has also been effected, and the slatey appearance is easily seen. The humors of the eye have become more watery because the secretion is increased, and it is this which has produced the increase in size and protrusion of the bulb. The retina will doubtless be found detached.

Treatment: In this case the only thing to do is to remove the contents of the bulb, so that a glass eye can be used. There is danger that the right eye may be sympathetically affected if the other is allowed to remain longer.

Cystitis and Dysmenorrhœa Cured by use of a Pessary.

BY R. E. M'DONALD, M. D.

LAST spring Miss C—— came to me with the following history: Age 28, menstruates every four weeks, flow lasts from five to six days and is profuse. Has much pain just before and during the first few days, with relief after.

She also stated that she was troubled with frequent calls to empty the bladder, as often as once in a half hour during the day and from seven to ten times at night while suffering from a bad attack, and that she had more or less incontinence during these times.

The evacuation of the bladder was attended with much pain, burning and straining. These symptoms were all aggravated immediately after the menstrual flow ceased and again about two weeks later.

This condition had existed since she was fifteen years old, and had been getting so much worse that she was compelled to give up her occupation.

She had been under treatment (allopathic and homœopathic) both in this city and in Massachusetts, where she resides—without any real benefit.

A trial was made with internal medication, on account of her disinclination to have an examination made. The result was as before, one or two days' relief, then as bad as ever.

A physical examination was then proposed, which she consented to. The uterus was found low down in the pelvis and anteverted. It was quite mobile. Cervix small and somewhat congested. There was but little tenderness to be found except at the base of the bladder.

Nothing abnormal could be discovered in the urethra.

I decided that the displacement must be the cause of the bladder trouble and dysmenorrhœa, and advised the use of a pessary, which I introduced.

The relief was immediate. She has had but one slight attack of the bladder trouble since, and does not have to rise at all at night. The dysmenorrhœa having been relieved as well, she reports herself as being cured, and has returned to her former occupation, still wearing the pessary.

The pessary used was a modified Albert Smith, with a small cup inserted in the open space between the arms.

The uterus being first elevated and the version corrected, the pessary was introduced, and placed so that the cervix rested in the cup.

The method by which the cure of these two affections was brought about seems plain enough —congestion of the depressed and anteverted uterus, being caused by the interference with the return of venous blood, was promptly relieved by the elevation of the organ. The vesical trouble, which evidently depended on the pressure from the anteverted uterus, disappeared when the cause was removed.

A New Society.

DEAR DOCTOR.—An association of medical practitioners was organized on October 28th, and incorporated under the laws of the State of New York as the

AMERICAN OBSTETRICAL SOCIETY.

It is the purpose of this society to engage in the study of the art and science of obstetrics in a systematic manner, with the hope of making its practice more exact and satisfactory. With this object in view, it is deemed desirable to include within the membership every physician who is especially interested in the development of this department of medical practice. The society has already seventy-nine members, located in twenty-one States, with the following officers elected to serve until the annual meeting in June next:

President, GEORGE W. WINTERBURN, M.D., of New York.

Vice-Presidents, HENRY MINTON, M.D., of Brooklyn.
PROF. SHELDON LEAVITT, M. D., of Chicago.
PROF. WALTER WESSELHOEFT, M.D., of Cambridge, Mass.

Secretary, EVERITT HASBROUCK, M.D., of Brooklyn.

Treasurer, CLARENCE M. CONANT, M.D., of Orange, N. J.

Meetings will be held as often as practicable, the first of which will be in New York on December 10th, and of which further notice will be issued at a later date. The annual meeting for 1886 will be held at Saratoga, in connection with the meeting of the American Institute of Homœopathy.

The annual dues are two dollars for the first year (this includes the certificate of membership) and one dollar for each subsequent year. It is hoped that plans for an equitable dissemination of papers and discussions may be evolved which shall promote the largest benefits to the membership. The transactions of the society, including all the papers and a stenographic report of the discussions will, for the present, be printed in full in the *Homœopathic Journal of Obstetrics*.

A cordial invitation is extended to any one interested in the objects of the society to communicate with the Secretary,

E. HASBROUCK,
253 Thirteenth street, Brooklyn, N. Y.
November 3, 1885.

Exchanges.

The December Century.

A PERSONAL interest attaches to several of the pictures and articles in the December *Century*. The frontispiece is a striking portrait of the late Helen Jackson ("H. H."), with which is given an appreciative account of her life and writings, by a New England writer, followed by seven new poems, her last work in verse. George Parsons Lathrop draws entertaining word-portraits of the Gardiners of Gardiner's Island, under the title, "An American Lordship," and the sketches, by Harry Fenn, give charming glimpses of their island estate. Mark Twain contributes a chapter of autobiography, entitled

"The Private History of a Campaign that Failed," which is humorously illustrated by Kemble. It describes the writer's short service as a Confederate volunteer, and is the perfect type of a satirical war paper. The sketch has historical value as showing the fluctuations of opinion at that time, and the unmilitary character of some of the earlier campaigns. The writer's well-known map of Paris is not funnier than the maps he has sketched for his contribution to *The Century* War Series. Captain Ericsson furnishes the serious war paper of the number, which is both important as a contribution to history and interesting to the general reader, since it describes the principles of construction of the original *Monitor*, and the performances of "The Monitors" as a class, all from the point of view of the inventor. The pictures illustrate fully the battle incidents, as well as the mechanical side of the paper. "The Loss of the *Monitor*" is briefly and most graphically described by a survivor, Francis B. Butts. The Shah and his palaces are described incidentally in an attractive illustrated paper on "The City of Teherân," by the Hon. S. G. W. Benjamin, late United States Minister to Persia.

James's "The Bostonians" and Mrs. Foote's "John Bodewin's Testimony" are continued, the latter containing an episode of tragic interest, wherein a characteristic phase of Western life is depicted. This number contains also two short stories, one by H. H. Boyesen, entitled "A Child of the Age," and the other, "Mrs. Berty's Tea," by Thomas A. Janvier (Ivory Black), author of "Rose Madder," etc. This extravaganza gives a strikingly satirical view of modern "polite conversation," in which the most startling things are said and heard, and the most sacred subjects are discussed, in a purely conventional manner.

An art interest is lent to the number by Henry Eckford's essay on "The 'Lamia' of Keats, and the illustrations by Will H. Low," with wood-cuts of some of Mr. Low's drawings; and by a suggestive essay on "The Lesson of Greek Art," from Dr. Charles Waldstein, the young New Yorker who lectures on Greek Art in the English Cambridge University.

Popular essays are contributed by the Rev. A. F. Schauffler, on "Faith Cures"; by John Burroughs, on "Bird Enemies"; and by Professor Waller, of the Columbia College School of Mines, on "Dangers in Food and Drink." The writer's position as chemist to the New York Health Department lends weight to his opinions regarding this important subject. Short essays in the "Open Letters" department contain opinions by Senator Edmunds, Judge Cooley, Francis Wharton and Allan G. Bigelow on the question recently brought into discussion in *The Century*, "What Shall be Done with our ex-Presidents?" Washington Gladden writes of the Poetic Outlook, and an anonymous humorist, in "Wanted—A Universal Tinker," suggests a new mechanical profession. In "Topics of the Time" are editorials on the pursuit and uses of wealth, and "On the Sunday-school and Good Literature."

College Notes.

FRANK got his gobbler this year as usual from the Senior class.

"A CHILD needs the sun and fresh air as much as a growing plant."—DESCHERE.

ONLY three more weeks of lectures, and then the poor medical student will see the girl he left behind him.

THE Senior class are to have a supper on Thursday evening, December 17th, and will, doubtless, have a good time.

STUDENT (anxious for knowledge): "Professor, do you think these single tube microscopes are as good as those *bivalve* ones?"

DR. C. L. DYER, '85, left his office, at 120 West Forty-fifth street, in the hands of a trusty assistant the other day and made us a call.

WE understand that the Freshmen applied themselves with unwonted assiduity to the problems in Sanitary Science, and with the most flattering results.

DR. C. F. ELLIS, '79, who has been located at Ligonier, Indiana, in the practice of his profes-

sion, is taking a special course of instruction in the Ophthalmic Hospital.

DURING the recent vacation a most interesting post-mortem of a case of congenital heart disease was held by Dr. A. W. Palmer, assisted by Hatch, Dodge and Keeler. A report will be furnished later.

F. L. BARNUM, C. F. Buck, W. S. Pearsall and G. H. Richards, all '85's men, who are in the Ward's Island Hospital, have given us a call within the past few days. Right glad are we to see their familiar faces.

ORANDO S. RITCH, M.D., "Class '78," Surgeon to the Cumberland street, Brooklyn Dispensary, and visiting physician to the Brooklyn Nursery, has been elected Adjunct Surgeon to the Brooklyn Homœopathic Hospital.

WE have been asked who are the men in our class who will be "plucked," and we answered proudly that '86 did not contain any that when "weighed would be found wanting." Let each man *work* from now on, and the truth of our prophecy will be proven.

TUESDAY, December 22d, Prof. Dowling occupied Prof. Danforth's hour, the latter having gone to Philadelphia to deliver in the evening the second lecture of the course arranged by the Hahnemannian Institute. The Professor's subject was "Puerperal Fever."

MEMBERS of the class of '85 will undoubtedly be pleased to know that we have got as far as the Glands of Tyson, and furthermore it is a noteworthy fact that they are still in the *Best* possible position for anatomical and surgical study, the same as one year ago.

F. R. S. WHITE, M.D., can be found in his office at 1976 Madison avenue, when he is not alleviating the ills of humanity in his clinic at the Dispensary of the College, or engaged in his special course in the Throat Department of the New York Ophthalmic Hospital.

REMEMBER if you hear of an item of news concerning an alumnus which interests you, that it will probably interest a host of your brother M.D.'s, so give them the chance to know of it in the only possible way, *i.e.*, through the medium of our college paper, THE CHIRONIAN.

QUIZ IN MATERIA MEDICA.

Student: "*Rhus* is also indicated in articular rheumatism, especially of the joints."

Professor: "And what would you give for articular rheumatism when *not* in joints?"

Student is still thinking of a remedy.

A. D. CHATTAWAY, '85, who had the misfortune to get "blown up" by fulminate, has nearly recovered, but loses the sight of one eye. We extend our sympathy, but feel sure that Dr. Chattaway will still see more cause for mirth with one eye than most of us can hope to do with a pair.

MONDAY evening, November 23d, Prof. W. Storm White gave a lecture on the histological structure of the skin, illustrated with magic lantern views of the tissues described. In spite of the extremely inclement weather there were in the audience, besides our own students, a number of ladies and many practitioners. It was voted a success by all present.

OUR College had the honor recently of a visit from that venerable pioneer in the cause of homœopathy, and promoter of general health and hygiene, Dr. Dio Lewis. This well-known public worker met with a hearty reception from our men, recognizing as they did the world-wide and beneficent influence of the emanations of his busy brain. His nephew, G. W. Lewis, A. B., is a member of the Senior Class.

OCCASIONALLY we are afraid some of our professors who invariably open their lectures with a quiz, think, from the number of vacant front seats, that a number of the Seniors are absent. This is usually not so, and we are going to "give it all away"; for if the lecturer will cast his eyes upward, he will generally find the owners of the aforesaid seats perched in fancied security in the "second balcony."

THE students of the College were indebted to the Executive Committee, and Dr. Shelton, Corresponding Secretary, for invitations to the first annual lecture under the auspices of the Alumni Association of the New York Homœopathic Medical College, at the University Club Theatre, December 3, 1885, by Asa. S. Couch,

M.D., of Fredonia, N. Y. Subject, "The Learned Professions; One Point of View."

THE Senior Class has been divided into sections of ten each for practical work in the department of Physical Diagnosis. Each Wednesday evening Prof. Dowling will meet one division in the lower lecture room, where subjects both diseased and healthy will be furnished for examination. This is accompanied with an informal quiz, and no opportunity is neglected of impressing the keynotes of the preceding lectures.

A CHANCE is now offered for any member of the Senior or Middle classes to make a contribution to the cause of scientific therapeutics in the way of drug proving. No knowledge of the drug or its action will be given the provers, until the conclusion of the work, when the result may be used very acceptably as a thesis. Dr. J. E. Lilienthal will furnish the drug and superintend the proving. It is hoped that a number will respond to this invitation, and it is especially desired that some ladies should be among the number.

HAWLEY went to his home in Clinton, N. Y., to prove the value of accurate anatomical knowledge in the dissection of turkey and cranberry sauce; Wentworth went home to sample some of the mince pies made by that plump little girl he hears from twice a week; Martin taxed the culinary department of the Hahnemannian Hospital to its farthest limit; and Hallock went out of the United States and took his Thanksgiving dinner in New Jersey. The rest of the Senior Class were thankful they had nothing worse than boarding-house chicken and restaurant stews.

THE class of '88 is now a legally chartered incorporation, capable of contracting debts, such as class suppers, and paying for broken glassware. At a duly advertised meeting held in the Amphitheatre, November 20th, a staff of regularly commissioned officers were elected. Business opened with C. P. Fletcher in the chair, while W. H. Haviland acted as temporary Secretary. The balloting resulted as follows: President, C. N. Platt, of New Haven, Conn.; Vice-President, C. P. Fletcher, N. Y. C.; Secretary and Treasurer, W. H. Haviland, Glens Falls, N. Y. The meeting then adjourned.

WE point with pride to the following Annual Report of the Dispensary of the New York Homœopathic Medical College for the year ending October 1, 1885:

From fifteen to thirty clinics are held daily by the different members of the staff, all of which are freely opened to the students of our College.

Whole number of new patients treated,	9,001
" " visits to outside poor,	2,454
" " prescriptions dispensed,	30,000

This is individually divided among the different departments as follows:

Department of Gynæcology, new cases,	443
" " Dermatology " "	279
" " Mental and Nervous Diseases, new cases,	135
" " Surgery, " "	888
" " Orthopædic Surgery, which has only been established a short time,	15
" " Pædology, new cases,	1,485
" " Diseases of the Heart and Lungs, new cases,	462
" " Genito-Urinary Diseases, new cases,	535
In the General Clinics,	4,756

M. J. HALL, M.D.,
Resident Physician.

Marriages.

WE learn from the Watertown *Daily Republican* that Oct. 14th was an eventful day at the residence of Mr. and Mrs. Dewitt Copley, of Antwerp. The occasion being the marriage of their daughter, Miss Emily M., to Dr. J. Wells Candee, of Syracuse, N. Y. We wish we had the space to mention the decorations, dinner, and music which contributed to the pleasure and was in keeping with the elegant character of the whole entertainment. The Doctor and wife may now be found in Syracuse, N. Y., where he has been engaged in practice since his graduation in 1879, from our College.